

PTO/SB/81 (09-03)

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INDICATION FORM**

Application Number	10/829,368
Filing Date	April 22, 2004
First Named Inventor	Daniel Gelbart
Title	Covert authentication method and apparatus
Art Unit	
Examiner Name	
Attorney Docket Number	16994-2US

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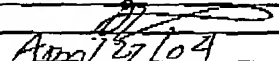
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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Daniel Gelbart
Signature	
Date	April 27, 2004
Telephone	604-451-2709

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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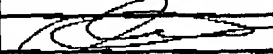
PTO/SB/21 (02-04)


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/829,368	
	Filing Date	April 22, 2004	
	First Named Inventor	Gelbart, Daniel	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	3	Attorney Docket Number	16994-2US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Owen Cramer, Reg. No. 55,460
Signature	
Date	May 5, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Owen Cramer, Reg. No. 55,460		
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Total number of pages (including cover sheet): 3

Date: Thursday, May 5, 2004

From: Owen Cramer, Reg. No. 55,460

Our reference: 16994-2US

Your reference: 10/829,368

Subject: Power of Attorney and Address for
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Application No.: 10/829,368
Applicant: GELBART, Daniel
Filed: April 22, 2004

Docket No.: 16994-2US
Customer No.: 020988

Please find attached the following documents:

Transmittal Form; and

Power of Attorney and Correspondence Address Indication Form

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